



Tennessee Department of Environment and Conservation,
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625
**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☒ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☐ Permit Reissuance ☐ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

Operation Name:	Phillip Wallace Farm		County:	Weakley	
Operation Location/ Physical Address:	800 Rainey Rd Sharon TN 38255		Latitude:	036°13'22.267"N	
			Longitude:	088°50'27.038"W	
Name and distance to nearest receiving water(s):	107' unknown creek / 1.2 miles North Middle Fork Obion River				
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:					
Animal Type:	<input type="checkbox"/> Poultry <input checked="" type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____				
Number of Animals:	0 960	Number of Barns:	1	Name of Integrator:	Tosh Park
Type of Animal Waste Management:	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)				
Attach the NMP	<input type="checkbox"/> NMP Attached	Attach the closure plan	<input type="checkbox"/> Closure Plan Attached	Attach a topographic map	<input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant):	Title or Position	This is the original 20th and 21st CWMF. I will have a copy in it.
Phillip Wallace	owner	
Mailing Address:	City:	
800 Rainey Rd	Sharon	
Phone number(s):	E-mail:	
731-456-2249		
Optional Contact:	Title or Position	
Address:	City:	
Phone number(s):	E-mail:	

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with 26 USC 5845)

I certify under penalty of law that this document and all attachments submitted in accordance with a system designed to assure that qualified persons only gather the information, the information submitted is, to the best of my knowledge and belief, true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Name and title, print or type	Signature	Date
Phillip Wallace owner	Phillip A. Wallace	9/26/11

STATE USE ONLY

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
RECEIVED				
	Impaired Receiving Stream	High Quality Water		NOC Date

OCT 26 2011
CN-1147 (Rev. 07-10)

continued

RDA 2366

IN Division Of Water
Pollution Control